

**CONTACT PERSON:**

List a contact person's name and telephone number for normal County working hours (8:00 AM – 6:00 PM, Monday – Saturday). Answering machines are unacceptable as a point of contact (Ref. Special Provisions, paragraph 7.6).

For emergency calls, outside normal County working hours (nights, weekends, and County holidays), list a contact person's name and telephone number, or have a voicemail paging system or answering service. Bidders using a voicemail paging system or answer service, in lieu of a contact person, shall be required to initiate a call back to the sender within one (1) hour (Ref. Special Provisions, paragraph 7.6).

Type of answering system used by your firm: Voicemail Paging \_\_\_\_\_ Answering Service \_\_\_\_\_

**NORMAL WORKING HOURS:**

1. Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**EMERGENCY CALLS:**

1. Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**COMPANY EXPERIENCE:** (Reference paragraph 1.2)

The Contractor must have a minimum of five (5) years of experience in a business of maintenance and repairing commercial swimming pools.

Indicate the number or years of experience your firm has to date. \_\_\_\_\_ years

**POOL TECHNICIAN/MECHANIC EXPERIENCE:** (Reference paragraph 1.2) - must be permanent, full time employee with at least three (3) years of experience in commercial swimming pool maintenance and repairs.

**Indicate if your firm Pool Technicians/Mechanics have at least three (3) years of experience or more in maintenance and repairs.**

\_\_\_\_\_ **YES**      \_\_\_\_\_ **NO**

**Size of firm:** Indicate the number of Pool Technician/Mechanic employed, with the combined number of years of experience.

Pool Technician/Mechanic

\_\_\_\_\_  
#of Service employees

\_\_\_\_\_  
Combined Years of Experience

**CERTIFICATION OF SAFETY VIOLATIONS:**

NAME(S) OF INSTALLER(S) AND/OR SUBCONTRACTOR: (Re: Paragraph 10)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_

LIST SAFETY VIOLATIONS (Reference paragraph 10 Special Provisions).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If there were no safety violations list each state in which work was performed in past 3 (three) years (Ref. Paragraph 10.):

\_\_\_\_\_

\_\_\_\_\_

I hereby certify that the above information is correct to the best of my knowledge.

\_\_\_\_\_  
Principal  
State of \_\_\_\_\_)

County of \_\_\_\_\_)

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, after first being duly sworn, appeared before me, the undersigned Notary Public and executed the foregoing instrument and acknowledge to me that he executed the same as and for the act and deed of said firm.

(SEAL) \_\_\_\_\_  
Notary Public

My commission expires: \_\_\_\_\_